



Reserve Component Support



**WARTRACE aligned to
MEDCOM**



OBJECTIVES

- **Review the MEDCOM missions supported**
- **Discuss how the five types of USAR TDA TPU's support the MEDCOM mission requirements**
 - * **Caretaker**
 - * **MSU**
 - * **Vet**
 - * **Bed Expansion**
 - * **Blood**
- **Discuss how a notional MEDDAC and MEDCEN would be supported with USAR TDA TPUs during mobilization**



MISSIONS SUPPORTED

- **Return to Baseline Capability**
- **Installation and Deployment Support**
 - ⊗ **SRP / Demobilization**
 - ▮ **Blood Donor Center Support**
 - ▮ **Food inspection**
- **Expansion of Inpatient Capabilities**








TYPE OF MISSION SUPPORT PLANNED

- **Return to Baseline Capability**
 - PROFIS** - - - - - **IMA**
 - CARETAKER PROFIS** - - - - - **TPU**
 - Other PROFIS** - - - - - **TPU**
- **Installation and Deployment Support**
 - ⊕ **SRP/Dembobilization** - - - - - **TPU**
 - ▮ **Blood Donor Center Support** - - - **TPU**
 - ▮ **Food inspection** - - - - - **TPU**
- **Expansion of Inpatient Capabilities** - **TPU**



RC TDA Unit Support to MEDCOM

<u>MEDCOM Missions</u>		<u>Corresponding USAR TDA TPUs</u>
Caretaker PROFIS		Caretaker PROFIS Backfill
Inpatient Expansion		Inpatient Expansion Unit
SRP		MSU
Blood Donor		BDC Expansion Unit
Veterinary Food		Veterinary Food Inspection



Caretaker Hospital Backfill Unit

1. Designed to provide the needed backfill staffing required for the total replacement of the COMPO 1 Caretaker loss
2. These units are critical to maintain "Continuity of Care" for MTFs providing a Caretaker PROFIS staffing package to a deploying MTOE unit. There are currently 6 Caretaker "type" backfill units in the inventory. They support the MTF list below when the corresponding MTOE hospital deploys
3. Caretaker backfill units do not have equipment.

EAMC
BENNING
WRAMC

249TH CSH
14TH FIELD
48TH CSH *

WBAMC
BAMC
MAMC

31ST CSH
228TH CSH
47TH CSH

*** Multi COMPO Hospitals**



Medical Support Unit (MSU)

- 1. Designed to provide the needed core staffing required for SRP / Demobilization operations.**
- 2. Will be called early for SRP support to deploying COMPO 1, 2. May require additional augmentation, from MTF/DTF staff, with increased workload; used in TMC/DC with reduced workload. R Commander may move to other SRP/Demobilization site.**
- 3. Unit does NOT have equipment. Equipment for SRP operations is the responsibility of the MTF & DTF.**
- 4. The MSU is not a “stand alone unit”. It must receive all support from the parent MTF/ installation.**



Inpatient Expansion Unit

- 1. Designed to provide the needed augmentation staffing required for MTF Inpatient Expansion.**
- 2. Normally not larger than 250 personnel; may be one of several, of the same TYPE unit, supporting a MTF. If there are several, each unit has it's share of MCs & ANs.**
- 3. Unit does NOT have equipment. Equipment for expansion is the responsibility of the MTF.**



Blood Donor Center Expansion Unit

- 1. Designed to provide the needed augmentation staff required for the expansion of the Blood Donor Center at selected installations.**
- 2. The unit will be called to support the increased theater demand for whole blood and blood by products.**
- 3. Unit does NOT have equipment. Equipment necessary for expansion of the BDC is the responsibility of the MTF.**
- 4. Two special augmentation units are aligned to augment the Armed Services Whole Blood Processing Laboratories**



Veterinary Area Food Inspection Unit

- 1. Designed to provide the needed augmentation staff required for expanded food inspection mission associated with deployment.**
- 2. The expanded food inspection missions are not on installations. Mission requirements are determined by USAVETCOM. RC units are under the command and control of the DVC of alignment.**
- 3. Unit does NOT have equipment. Equipment necessary for expansion of the Food Inspection Mission is the responsibility of the DVC.**



RC UNIT ALIGNMENT

USAR TPUs Supporting MEDCOM Missions:

6 Caretaker/Multi-COMPO Hospital Backfill Units

2 Pacific Mobilization Augmentation Package

Backfill Units

3 European Backfill Units: 3 Hospital, 2 Med Log, 1 Dental, and 1 Vet Missions

**RC Unit
PROFIS
Packages**

19 In-Patient Bed Expansion Hospitals

**29 Medical Support Units (MSU)
(Includes 13 BDC and 8 Vet Missions)**

1 Training Base Expansion



Initial OIF Situations / Lessons

- **IMA backfill for PROFIS (COMPO 3) = poor fill, especially in direct health care specialty AOCs.**
Action: Cannibalization of other aligned TDA TPU (via DUICs)
- **Activated RC TDA & MTOE unit (Health Care Providers) = poor fill creating additional tasking for Direct Care Providers**
Action: Additional cannibalization of other aligned TDA TPU (via DUICs) to support taskers



OIF Lessons

- **Results of initial cannibalization actions:**
 - RC aligned TDA TPU designed to support other MEDCOM missions are without direct health care providers.**

- **Additional Factors:**
 1. Planners assume (under Partial Mobilization) that units or individuals, once mobilized, will be available for 24 months (the maximum under USC). DoD/Army policy reduced the maximum period of a tour to 12 months and even 90 day BOG for selected health care providers. **This action consumes limited resources faster than planned.**
 2. Backfill at MTF was limited by a 50% cap. **This action placed a strain on the provision of health care services at CONUS MTF.**



Extended OIF Situation

The final result is a much larger and more frequent draw on COMPO 1 direct health care provider resources from MEDCENs and MEDDACs.

Resulting in the need to consider alternate sourcing options to ensure continuing mission accomplishment



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